

<i>SERFF Tracking Number:</i>	<i>MCHX-125620128</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38776</i>
<i>Company Tracking Number:</i>	<i>IR-001 (ED. 01-07)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>IR-001 (Ed. 01-07) Harleysville Individual Term Li</i>		
<i>Project Name/Number:</i>	<i>IR-001 (Ed. 01-07) Harleysville Individual Term Life/IR-001 (Ed. 01-07) Harleysville Individual Term Life</i>		

Filing at a Glance

Company: Harleysville Life Insurance Company

Product Name: IR-001 (Ed. 01-07) Harleysville SERFF Tr Num: MCHX-125620128 State: ArkansasLH

Individual Term Li

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 38776

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num: IR-001 (ED. 01-07)

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: SPI McHughConsulting

Disposition Date: 04/28/2008

Date Submitted: 04/23/2008

Disposition Status: Approved

Implementation Date Requested: 05/22/2008

Implementation Date:

State Filing Description:

General Information

Project Name: IR-001 (Ed. 01-07) Harleysville Individual Term Life

Status of Filing in Domicile: Authorized

Project Number: IR-001 (Ed. 01-07) Harleysville Individual Term Life

Date Approved in Domicile: 12/11/2007

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC # 64327, FEIN # 23-1580983

Individual Term Life Filing

IM-005 (Ed. 04-08) - Required Disclosure Statement for Accelerated Benefits

SERFF Tracking Number: MCHX-125620128 State: Arkansas
Filing Company: Harleysville Life Insurance Company State Tracking Number: 38776
Company Tracking Number: IR-001 (Ed. 01-07)
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: IR-001 (Ed. 01-07) Harleysville Individual Term Li
Project Name/Number: IR-001 (Ed. 01-07) Harleysville Individual Term Life/IR-001 (Ed. 01-07) Harleysville Individual Term Life

IM-007 (Ed. 04-08) - Required Disclosure At the Time of Claim

McHugh Consulting Resources, Inc. has been requested to file the attached revised forms on behalf of Harleysville Life Insurance Company. We respectfully attach an authorization letter for your files.

We are attaching the above-captioned filing for your review and approval for Harleysville Life Insurance Company. Forms IM-005 (Ed. 05-07) and IM-007 (Ed. 05-07) were previously filed and approved by your department on July 17, 2007 under SERFF Number MCHX-125226165 and under State Tracking Number 36342. The two enclosed disclosure forms will replace the accelerated benefit disclosure forms which were previously approved by your department. Upon receiving approval on July 17, 2007, we noticed a few minor revisions and omissions that needed to be made to the forms. Accordingly, the following minor revisions were made to the forms:

IM-005 (Ed. 04-08) which replaces IM-005 (Ed. 05-07)

- (1) Replaced the logo which now has Harleysville's current address
- (2) Corrected a typographical error in the second line of the body of the form: "long-term care of nursing home..." was changed to "long-term care or nursing home..."
- (3) Corrected the signature line to remove "or Home Office Representative"
- (4) Revised the edition date of the form number. Form number is now IM-005 (Ed. 04-08)
- (5) Revised the states included in the "FOR USE IN...." statement in the footer

IM-007 (Ed. 04-08) which replaces IM-007 (Ed. 05-07)

- (1) Replaced the logo which now has Harleysville's current address
- (2) Revised the edition date of the form number. Form number is now IM-007 (Ed. 04-08)

<i>SERFF Tracking Number:</i>	<i>MCHX-125620128</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38776</i>
<i>Company Tracking Number:</i>	<i>IR-001 (ED. 01-07)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
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<i>Project Name/Number:</i>	<i>IR-001 (Ed. 01-07) Harleysville Individual Term Life/IR-001 (Ed. 01-07) Harleysville Individual Term Life</i>		

(3) Revised the states included in the "FOR USE IN...." statement in the footer

Attached are any required certifications, transmittal forms and/or filing fees.

Company and Contact

Filing Contact Information

(This filing was made by a third party - McHughConsulting)

Jane Neal, Compliance Assistant	jneal@mchughconsulting.com
McHugh Consulting Resources	(215) 230-7960 [Phone]
Doylestown, PA 18901	(215) 230-7961[FAX]

Filing Company Information

Harleysville Life Insurance Company	CoCode: 64327	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type: Life
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 393-6118 ext. [Phone]	FEIN Number: 23-1580983	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Life Insurance Company	\$50.00	04/23/2008	19848193

SERFF Tracking Number:	MCHX-125620128	State:	Arkansas
Filing Company:	Harleysville Life Insurance Company	State Tracking Number:	38776
Company Tracking Number:	IR-001 (ED. 01-07)		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
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Project Name/Number:	IR-001 (Ed. 01-07) Harleysville Individual Term Life/IR-001 (Ed. 01-07) Harleysville Individual Term Life		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/28/2008	04/28/2008

SERFF Tracking Number:	MCHX-125620128	State:	Arkansas
Filing Company:	Harleysville Life Insurance Company	State Tracking Number:	38776
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TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
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Disposition

Disposition Date: 04/28/2008

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Harleysville Life Insurance Company	%	\$		\$	%	%	%

SERFF Tracking Number: MCHX-125620128 State: Arkansas

Filing Company: Harleysville Life Insurance Company State Tracking Number: 38776

Company Tracking Number: IR-001 (Ed. 01-07)

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: IR-001 (Ed. 01-07) Harleysville Individual Term Li

Project Name/Number: IR-001 (Ed. 01-07) Harleysville Individual Term Life/IR-001 (Ed. 01-07) Harleysville Individual Term Life

Item Type	Item Name	Item Status	Public Access
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Application		No
Supporting Document	04.23.08 Submission Letter		Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	AR Readability Form		Yes
Supporting Document	Form Listing		Yes
Supporting Document	Certification/Notice		Yes
Form	Required Disclosure Statement for Accelerated Benefits		Yes
Form	Required Disclosure At the Time of Claim		Yes

SERFF Tracking Number: MCHX-125620128 State: Arkansas

Filing Company: Harleysville Life Insurance Company State Tracking Number: 38776

Company Tracking Number: IR-001 (ED. 01-07)

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: IR-001 (Ed. 01-07) Harleysville Individual Term Li

Project Name/Number: IR-001 (Ed. 01-07) Harleysville Individual Term Life/IR-001 (Ed. 01-07) Harleysville Individual Term Life

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IM-005 (Ed. Other 04-08)		Required Disclosure Statement for Accelerated Benefits	Initial		0	IM-005 (Ed_04-08).PDF
	IM-007 (Ed. Other 04-08)		Required Disclosure At the Time of Claim	Initial		0	IM-007 (Ed_04-08).PDF



Corporate Address:
Harleysville Life Insurance Company
355 Maple Avenue, Harleysville, PA 19438
Tel 800.222.1981 www.harleysvillegroup.com

Please mail forms to the
Administrative Address:
Harleysville Life Insurance Company
P.O. Box 253, Harleysville, PA 19438-0253

REQUIRED DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS

**This disclosure statement is provided to the Owner
at the time of Application for Accelerated Benefit**

Limitations of the Accelerated Benefit:

The accelerated benefit in this life insurance product may provide benefits to pay for long-term care services, but it is NOT part of a long-term care or nursing home insurance policy and the amount this product pays you may not be enough to cover your medical, nursing home or other bills. You may use the money you receive from this product for any purpose. Unlike conventional life insurance proceeds, accelerated benefits payable under this product rider **COULD BE TAXABLE IN SOME CIRCUMSTANCES**. We recommend that you contact a tax advisor when making tax-related decisions about electing to receive and use benefits from an accelerated benefit product.

Consequences of this Benefit:

Receipt of accelerated benefits MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") ELIGIBILITY. The mere fact that you own a policy with an accelerated benefit product may affect your eligibility for these government programs. In addition, exercising the option to accelerate living benefits and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

Medical Conditions enabling accelerating of life benefit:

- Terminally Ill is an illness, which, in the medical judgment of a Physician approved by Us will directly result in a life expectancy of 12 months or less.

Benefit Payment:

Accelerated Living Benefit Payment is the lesser of a percentage of the Insured's death benefit or a stated maximum, to be paid if the Insured is eligible under the Accelerated Living Benefit rider.

Premium:

If the accelerated living benefit is paid, subsequent premiums for the Insured's life insurance under this Policy will continue to be due unless waived under a waiver benefit elected under this policy.

Administrative Expense Charge:

There is no administrative expense charge for exercising this benefit.

Signature of Owner

Signature of Agent

Date

Date



Corporate Address:
Harleysville Life Insurance Company
355 Maple Avenue, Harleysville, PA 19438
Tel 800.222.1981 www.harleysvillegroup.com

Please mail forms to the
Administrative Address:
Harleysville Life Insurance Company
P.O. Box 249, Harleysville, PA 19438-0249

REQUIRED DISCLOSURE AT THE TIME OF CLAIM FOR ACCELERATION OF LIFE INSURANCE BENEFITS

Required Disclosure at the Time of Claim for Acceleration of Life Insurance Benefits:

The accelerated benefit in this life insurance product may provide benefits to pay for long-term care services, but it is NOT part of a long-term care or nursing home insurance policy and the amount this product pays you, may not be enough to cover your medical, nursing home or other bills. You may use the money you receive from this product for any purpose. **Unlike conventional life insurance proceeds, accelerated benefits payable under this product rider COULD BE TAXABLE IN SOME CIRCUMSTANCES.** We recommend that you contact a tax advisor when making tax-related decisions about electing to receive and use benefits from an accelerated benefit product.

Medical Conditions enabling accelerating of life benefit:

- Terminally Ill is an illness, which, in the medical judgment of a Physician approved by Us will directly result in a life expectancy of 12 months or less.

Consequences of this Benefit:

Receipt of accelerated living benefits from a life insurance policy MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") ELIGIBILITY. The mere fact that you own a policy with an option to accelerate the living benefit may affect your eligibility for these government programs. In addition, exercising the option to accelerate living benefits and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

Effect on Policy Values:

Cash values, loan values, and the death benefit WILL BE REDUCED if you receive an accelerated benefit. Here is an illustration of the effect of an accelerated benefit payment on your life insurance policy:

- (1) Policy Face Amount: \$ _____
- (2) Amount to be Accelerated: \$ _____
- (3) Reduced Face Amount of Policy: \$ _____
as of Date: _____
- (4) Cash Values: \$ _____
Projected values at all ages after the accelerated payment:
- | | |
|---------------|---------------|
| Age 40: _____ | Age 50: _____ |
| Age 60: _____ | Age 65: _____ |
| Age 70: _____ | Age 75: _____ |
- (5) Premium Necessary to Keep Policy in Force includes outstanding premium payment when distribution is other than a lump sum payment: \$ _____
- (6) Outstanding Policy Loans: \$ _____
and the effect of the accelerated benefit payment: _____

I have read this Disclosure and would like to receive the withdrawal amount requested.

Signature of Owner

Signature of Home Office Representative

Date

Date

SERFF Tracking Number:	MCHX-125620128	State:	Arkansas
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Rate Information

Rate data applies to filing.

Filing Method:

Prior Approval

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Harleysville Life Insurance Company	%	%				%	%

SERFF Tracking Number: MCHX-125620128 State: Arkansas
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Supporting Document Schedules

Review Status:
Bypassed -Name: Life & Annuity - Acturial Memo 04/23/2008
Bypass Reason: Not applicable to disclosure filing
Comments:

Review Status:
Bypassed -Name: Application 04/23/2008
Bypass Reason: Not applicable to disclosure filing
Comments:

Review Status:
Satisfied -Name: 04.23.08 Submission Letter 04/23/2008
Comments:
Attachment:
04_23_08 Submission Letter.PDF

Review Status:
Satisfied -Name: Authorization Letter 04/23/2008
Comments:
Attachment:
Authorization Letter.PDF

Review Status:
Satisfied -Name: AR Readability Form 04/23/2008
Comments:
Attachment:
AR Readability Form.PDF

Review Status:
Satisfied -Name: Form Listing 04/23/2008
Comments:

<i>SERFF Tracking Number:</i>	<i>MCHX-125620128</i>	<i>State:</i>	<i>Arkansas</i>
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Attachment:
Form Listing.PDF

McHugh Consulting Resources, Inc.

April 23, 2008

SUBMITTED VIA SERFF

Honorable Julie Benafield Bowman
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

Re: **HARLEYSVILLE LIFE INSURANCE COMPANY**
NAIC # 64327, FEIN # 23-1580983

Individual Term Life Filing

IM-005 (Ed. 04-08) – Required Disclosure Statement for Accelerated Benefits
IM-007 (Ed. 04-08) – Required Disclosure At the Time of Claim

Dear Commissioner Bowman:

McHugh Consulting Resources, Inc. has been requested to file the attached revised forms on behalf of Harleysville Life Insurance Company. We respectfully attach an authorization letter for your files.

We are attaching the above-captioned filing for your review and approval for Harleysville Life Insurance Company. Forms IM-005 (Ed. 05-07) and IM-007 (Ed. 05-07) were previously filed and approved by your department on July 17, 2007 under SERFF Number MCHX-125226165 and under State Tracking Number 36342. The two enclosed disclosure forms will replace the accelerated benefit disclosure forms which were previously approved by your department. Upon receiving approval on July 17, 2007, we noticed a few minor revisions and omissions that needed to be made to the forms. Accordingly, the following minor revisions were made to the forms:

IM-005 (Ed. 04-08) which replaces IM-005 (Ed. 05-07)

- (1) Replaced the logo which now has Harleysville's current address
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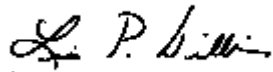
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- (3) Revised the states included in the "FOR USE IN...." statement in the footer

Attached are any required certifications, transmittal forms and/or filing fees.

We trust the attached is found to be in order and look forward to receiving your favorable reply. Should you have any questions or if we may provide any additional information, please do not hesitate to contact the undersigned. Thank you for your consideration in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "L. P. Williams".

Lisa Williams, FLMI
Consultant

Harleysville Life Insurance
355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillelife.com

Tel 800.222.1981
215.513.6400
Fax 215.513.6410



January 7, 2008

NAIC Company Code: 64327

Re: See Attached Forms Listing

Please accept this letter as authorization from Harleysville Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as well as actuarial materials as referenced on the attached form listing on behalf of Harleysville Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel King". The signature is fluid and cursive, with the first name "Joel" and last name "King" clearly distinguishable.

Joel King
Vice President and Life Chief Actuary
Harleysville Life Insurance Company

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Harleysville Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
IM-005 (Ed. 04-08)	The language in this forms is entitled to be exempted from readability scoring by AR regulations 23-80-201 to 23-80-208 (language required by law or regulation).
IM-007 (Ed. 04-08)	The language in this forms is entitled to be exempted from readability scoring by AR regulations 23-80-201 to 23-80-208 (language required by law or regulation).

Signed: _____



Name: Joel King

Title: Vice President & Life Chief Actuary

Date: April 23, 2008

**HARLEYSVILLE LIFE INSURANCE COMPANY
INDIVIDUAL TERM LIFE**

**FORM LISTING
ALABAMA**

Form Number	Form Name
IM-005 (Ed. 04-08)	Required Disclosure Statement for Accelerated Benefits
IM-007 (Ed. 04-08)	Requires Disclosure At the Time of Claim

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Harleysville Life Insurance Company

Form

Number(s):

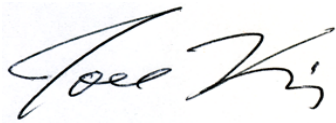
IM-005 (Ed. 05-07)

IM-007 (Ed. 05-07)

Required Disclosure Statement for Accelerated Benefits

Required Disclosure at the Time of Claim

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Joel King

Name

Vice President and Life Chief Actuary

Title

April 23, 2008

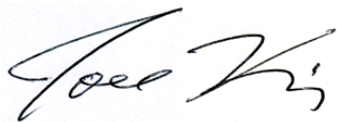
Date

STATE OF ARKANSAS

Certification

Name of Company: Harleysville Life Insurance Company

The above named company certifies that Required Disclosure at the Time of Claim
Form No. IM-007 (Ed. 05-07) has been reviewed and complies with Arkansas
Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Joel King

Print or Type Name

Vice President & Life Chief Actuary

Title

**STATE OF ARKANSAS
STATE OF ARKANSAS**

Certification

Name of Company: Harleysville Life Insurance Company

The above named company certifies that Required Disclosure Statement for Accelerated Benefits
Form No. IM-005 (Ed. 05-07) has been reviewed and complies with Arkansas
Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Joel King

Print or Type Name

Vice President & Life Chief Actuary

Title

